SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Permit #: 10-17-16 10-17-16 6

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSI

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Secrotarial Staff	-		Sacrification of	Rps 4 fall	_ Municipal Use				Commercial Use				X Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (If p		Pr			10	Q D)	Value at Time of Completion * include donated time &	Non-Shoreland		Cre		Section 07	NE 1/4, SE	CATION		Authorized Agent: (Person Si	Contractor:	Address of Property:	2 to 2	Owner's Name:
Oti			<u> </u>	□ Ac	□ Ac	⊠ Ad	□ Mc	□ Bu		44	-			Res		~	1	<u>permit being ap</u>	1994	Property	Run a Business on	Relocate (existing bldg)	nnversion	☐ New Construction)	Project		s Property/Land	ek or Landward	s Property/Land	, Township _	1/4	Legal Description:	,	igning Application c		onk lin	PICEN	en,
Secretarial Staff Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	- A - A - A - A - A - A - A - A - A - A	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			(if permit being applied for is relevant to it)		☐ Foundation			2-Story	ation X 1-Story + Loft)	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Creek or Landward side of Floodplain?	Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	47 N, Range 08 W		Gov't Lot Lot(s) C	의 (독) (독)	(Person Signing Application on behalf of Owner(s)) Ager		St. I'm	7.	
	the control of the co	and all the Public Williams		/Alteration (specify))	Beezeway hes	date)	sleeping quarters, <u>or</u>	arage					g shack, etc.)	icture on property)	Proposed Structure	Leaf St.	Length: 52			X			✓ Year Round	10000	Use		A	₩.	-	/ 27\	1315 848 3881	2	(23 digits)	Agent Phone: Agent	one:	River	2785 Familia	and the second second
	Arran					W ELA		cooking & fc	A									. <			None		ω	2	د	# of bedrooms	-	Distance Structure		Distance Structure	びょく	5	67-400-		Mailing Addre	Der:	54847	7 /m	7
T T IN DOTA						Jensop Pasnen	A STATE OF THE STA	☐ cooking & food prep facilities)			- 44,	, and the second se					W. C.	Width: 24'	None		i i			☐ (New) Sanitary	Municipal/Ci	Sewei Is a		re is from Shoreline :	11	re is from Shareline :		7	247-22000 1 Block(s) No.		Agent Mailing Address (include City/State/Zip):	The second secon	47	River, WI	2
ATTEC						211	-	_	(-	_	^		_		Di				et	15,	r Vaul	sts) Specif	y Specify		What Type of Sewer/Sanitary System Is on the property?		feet	1=	ine :	FO. 015.0	10 the 10 the	Volume Subdivision	. 🖭	ete/Zip):			240	
>	×××		X	×	×	(,Z × /		×	×	×	×)	х)	X)	××	×	₹	1008	Height:			tract)	Vaulted (min 200 gallon)	fy Type:	у Туре:		e of y System perty?	hiiiii Yafa	70.5	Floodplain Zone?	ls Property in	2	1/5 /5	20X	ocument: (i.e. F	Written A Attached	Flui	715	Cell b	
						to the				i de la companya de l						Footage		12'						□ Well	¥ Citv	Water		No		n Are Wetlands	. Ed.	ACTES AND THE STATE OF THE STAT	Page(s) > XX	ocument: (i.e. Property Ownership)	Written Authorization Attached Tyes No	Plumber Phone:	715-292-1912	715-372-605 Cell Phone:	11/11/1/2

Owner(s): (If there are Multiple Owners listed on the Deed All Owners)

Musica Minder

must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit

7785

(If you are signing on behalf of the owner(s) a letter of a significant of the owner(s) a letter of the sound of the owner(s) a letter of the owner(s) and the owner(s) a letter of the owner(s) a letter of the owner(s) and the owner(s) a letter of the owner(s) and the owner(s) and the owner(s) a letter of the owner(s) and the owne(

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ompany this application)

Date

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Attach
Copy of Tax Statement
Gyou recently purchased the property send your Recorded Deed

(8) Setbacks: (measured to the closest point)

Se	Se	Se		Se	Se	Se	Se		Se	Se			
Setback to Privy (Portable, Composting)	Setback to Drain Field	Setback to Septic Tank or Holding Tank		Setback from the East Lot Line	Setback from the West Lot Line	Setback from the South Lot Line	Setback from the North Lot Line		Setback from the Established Right-of-Way	Setback from the Centerline of Platted Road		Description	
_	\	1		50	12S	£	140		F	150		Measurement	
Feet	Feet	Feet	e-Arther	Feet	Feet	Feet	Feet	556655	Feet	Feet	2000	ent	
		Setback to Well		Elevation of Floodplain	20% Slope Area on property	Setback from Wetland		Setback from the Bank or Bluff	Setback from the River, Stream, Creek	Setback from the Lake (ordinary high-water mark)		Description	
		1		1	☐ Yes)			*	,		Measurement	
		Feet		Feet	No.	Feet		Feet	Feet	Feet		ent	

Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed corner or marked by a licensed surveyor at the owner's expense.

ired setback, the boundary line from which the se

red must be visible from one prev

Prior to the placement or construction of a structure more than ten (1.0) feet but less than thirty (3.0) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary Hold For TBA:	Signature of Inspector:	nne	Condition(s): Town, Committee or Board Conditions Attached?	Date of Inspection:	Inspection Record: greatured set ba	Was Parcel Legally Created ☐ Yes ☐ No Was Proposed Building Site Delineated ☐ Yes ☐ No	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Pes (Deed of Record) Is Parcel in Common Ownership Pes (Fused/Contiguous Lot(s)) Cells Structure Non-Conforming Pes	Permit # 16-0373	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:			Yes No -(If No the)	Inspected by:	setbooks until 9 found	Were Property Lines	Previously Granted by Variance (B.O.A.)	Mitigation Required Mitigation Attached	Permit Date: 10-17-16	Reason for Denial:	Sanitary Number: WUNIC () # of
Hold For Fees:	Date of Approval:			Date of Re-Inspection:	Zoning District (P-4) Lakes Classification (N-4)	Represented by Owner	ariance (B.O.A.) Case #:	□ Yes			# of bedrooms: Sanitary Date:

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

ENTERED Permit #: Amount Paid: Date: \$135 9.30-16 16-0378

Bayfield Co. Zonling Dept.

Refund:

SEP

3 0 2016

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

 Section <u>C</u> , Township <u>U</u> , Range <u>o</u>	1/4, <u>£</u> 1/4 Gov't Lot (3-15	PROJECT Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	となる。	Address of Property:	THE CAKES CONVUDITY HC	TYPE OF PERMIT REQUESTED AND USE SAN	
W Mown of:	CSM Vol & Page Lot(s) No. Block(s) No.		75 292-3432 7665 USHON 2 1000 DWG- WI 100 10 NO	Agent Phone: Agent Mailing Address (include City/State/Zip):	715371-6496 BROWN HORTHUR & COCH	(1/20) 2, UCZ, WI 54847	7665 USAMY IBAN DIVER	Mailing Address: City/State/Zip:	TAND TO BOTTO TO CONDITIONAL FIGE TO SPECIAL LISE
Lot Size Acreage	Per et	Page(s) 78	1000 Dust with 1 yes 1 No		T.		IBA LIVER WISHING TIS SILVER	Telephone:	AI IISE A BOA OTHER

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				500 ors			Value at Time of Completion * include donated time &	Y Non-Shoreland	□ Shoreland →	
	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	- ↓ Addition/Alteration	□ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶
	Foundation	□ No Basement	☐ Basement	\$ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		1000 feet of Lake, Pond If ye	1 300 feet of River, Strea of Floodplain?
					Year Round	Seasonal	Use		Pond or Flowage If yescontinue	If yescontinue
		Y None		3	2	Ь	# of bedrooms		Distance Struc	Distance Struc
I CSIC	Collibost roller	Compost Toile*	Privy (Pit) or Vaunted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	★Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline : feet
)tract)	itea (min 200 gallon)	fy Type:	Y Type:		e of y System perty?		□ Yes	Is Property in Floodplain Zone?
					Well	X City	Water		□ Yes	Are Wetlands Present?

200

Proposed Construction:	Length: 72 04 Width: 34 4	Height:	3
Proposed Use	Proposed Structure		Square Footage
	Principal Structure (first structure on property)	(x)	
	Residence (i.e. cabin, hunting shack, etc.)	(×	
-	with Loft	×	
Residential Use	with a Porch	(x	
Hec'd for Issuance	with (2 nd) Porch	×	
)	with a Deck	(x)	
	with (2 nd) Deck	(x)	
Commercial Use	with Attached Garage	(×	
	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(x)	
Annual Control of the	Mobile Home (manufactured date)		
\$	Addition/Alteration (specify) CURIL CROMSING	(スペイル)	ガエス
Municipal Use	Accessory Building (specify)	(x)	
	Accessory Building Addition/Alteration (specify)	(x)	
	Special Use: (explain)	(×	
	Conditional Use: (explain)	(×	
	Other: (explain)	×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES luding any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) laccuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which lying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of inspection. 3-16

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Owner(s):

(If there a

Multiple Ow

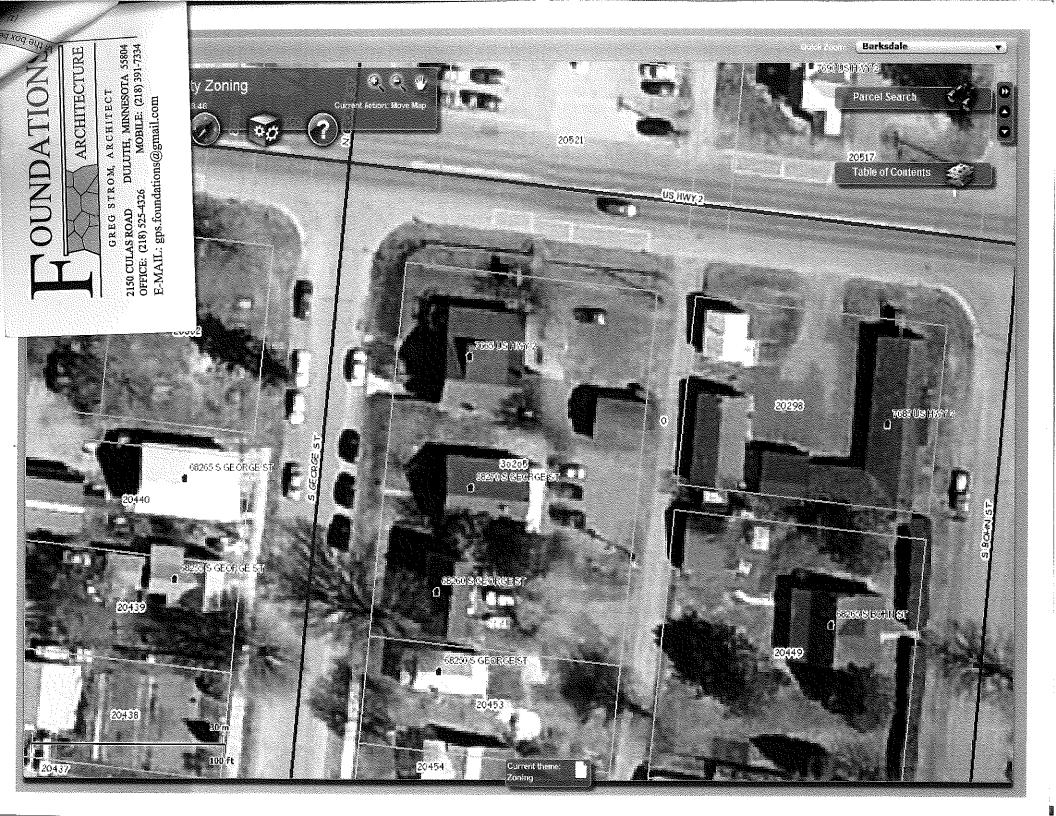
ers listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)



\$ # 9 ! [A.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58

APPLICATION FOR PERMIT
BAYRIELE COUNTY W/SCONSIN 07 2016

Bayfield Co. Zoning Dept.

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Permit #: Refund: Date: Amount Paid: 10-21-16 BITS 10-7-16 16-0380

Washburn, WI 54891 (715) 373-6138

W. C.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	/	INSTRUCTIONS: No permits will be issued until all rees are paid.
West Prince of the Control of the Co	APPLICANT.	The state of the s	
THE STANSON HOLD			

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → X Shoreland → X Is Property/Land within 1000 feet of Lake, Pond or Flowage	Section 19, Township 47N N, Range 08 W	1/4,1/4 Gov't Lot Lot(s)	temer	Application on behalf of Owner(s)			DAMISSA Heather Burbul	TYPE OF PERMIT REQUESTED—> LAND USE SAN	O NOT START CONSTRUCTION UNTIL ALL FERMILS HAVE DEEN 1350ED TO AFFEICHMEN
r, Stream (incl. Intermittent) If yes—continue Re, Pond or Flowage If yes—continue Distance Structure is from Shoreline: If yes—continue T S T fee	į į	CSM Vol & Page Lot(s) No. Block(s) No.	103 digits 1 - 47 - 08 - 14 - 1 05 - 00 - 04 - 04 Odume -	Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization 7/5-4/3-0/12 23520 FQ MCHUCK C. Attached Xyes 3 No	Contractor Phone: Plumber:	City/State/Zip: LITYN RIKER WIT SUBY T	Mailing Address: City/State/Zip: City/State/Zip: Telephone: 715-7518 Spider Well Itron Eiver, UT 54847 372-4384	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	AFT FILESCHIO
a a	Lot Size	Subdivision:	Recorded Document	ate/Zip):			L P8h9 In	□ 8.0.	
s Property in Are Wetlands codplain Zone? Present? ☐ Yes ☐ Yes ☐ No	Acreage 2.610		Page(s) 100	Written Authorization Attached Yes 3 No	Plumber Phone:	Cell Phone:	7 Telephone: 715 - 372 - 4384	. DTHER	

	sopos			000 7/5			Value at Time of Completion * include donated time & material
	Property	Run a Business on	Relocate (existing bldg)	□ Conversion	XAddition/Alteration ☐ 1-Story + Loft	☐ New Construction	Project
7	☐ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement
				Address of the state of the sta	Vear Round	☐ Seasonal	Use
		None	1	3	□ 2	<u></u>	# of bedrooms
None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
******	1	1	-		Well	City	Water

Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

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Distance Structure is from Shoreline :

No.

Toleran Christing. It has	mit Hou	Existing Structure: lift permit being applied for is relevant to it) Length: 47 Width: 22		Height: /	×
Proposed Construction:	7	Length: Z_O		Height:	10'
Proposed Use	•	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)		x)	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
		with Loft		×	
VCResidentia bysence		with a Porch	_	×	
	-central horizon	with (2 nd) Porch	<u></u>	×	
		with a Deck	_	×	
200		with (2 nd) Deck	_	×	Approximation (
Competcial Use		with Attached Garage	_	×	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	,
	×	Addition/Alteration (specify) Extend / Extendition		20 × 10)	700
☐ Municipal Use		Accessory Building (specify)	_	×	
-		Accessory Building Addition/Alteration (specify)	<u> </u>	×	
		Special Use: (explain)	-	×)	1,000
		Conditional Use: (explain)	-	×	
		Other: (explain)	_	×	
		A Laboratory of the Control of the C			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comple am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county above described property at any reasonable time for the purpose of inspection. 9 Sign

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Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

application)

lete. I (we) acknowledge that I (we)
I (we) further accept liability which
ty ordinances to have access to the

Address to send permit

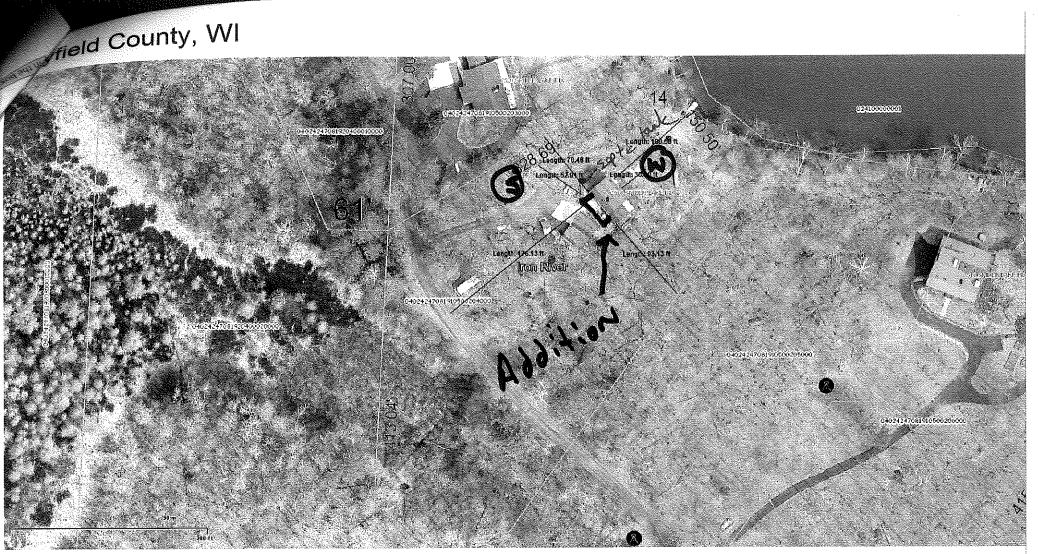
(Н уоц

are signing on behalf of the

owner(s) a

letter of authorization

(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):		ontage Road (Name Frontage Road)		+
	7	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	ΗT) and/or (*) Privy (P)	٤
(8) Setbacks: (m	(8) Setbacks: (measured to the closest point)	Changes in plans must be approved	t be approved by the Planning & Zoning Dept.	; Dept.
Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way	d 2	eet Setback from the Lake (ordinary eet Setback from the River, Stream,	high-water mark) Loo 81	Feet
Setback from the North Lot Line Setback from the South Lot Line		Feet Setback from Wetland		Feet
Setback from the West Lot Line Setback from the East Lot Line	Lax 10			Feet Feet
Setback to Drain Field Setback to Privy (Portable, Composting) Poor to the absenced or construction of a structure with	nposting) C7	Feet Feet	from one previ	**
rnor to the placement of construction or a st other previously surveyed corner or marked it Prior to the placement or construction of a st one previously surveyed corner to the other r marked by a licensed surveyor at the owner?	rifor to the placement or construction by a structure within ten (LU) reek or the internitual required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3 one previously surveyed corner to the other previously surveyed corner, or verifiable by the Departmarked by a licensed surveyor at the owner's expense.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner. Or set of the proposition of the propositi	mus	er to the
(9) Stake or Mar NOTE For The Const	Irk Proposed Location(s) of New Co ICE: All Land Use Permits Expire One (struction Of New One & Two Family Dw The local Town, Village, Cr	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	ling Tank (HT), Privy (P), and Well (W). Jse has not begun. he Uniform Dwelling Code. s.	
Issuance Information (County Use Permit Denied (Date):	unty Use Only) Reason for Denial: Permit Date: 1.0	764		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	□ Yes (Deed of Record)	No Mitigation Required Ses No Mo	Affidavit Attached Ses No	No
Granted by Variance (B.O.A.) □ Yes □ No □	Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No		
Was Parcel Legally Created Was Proposed Building Site Delineated	Created Xerres I No State	Were Property Lines Represented by Owner Was Property Surveyed	Owner XYes	□ No
Inspection Record: put ad	his area. I	rowts of process	Zoning District (R-1). Lakes Classification (Z-S) DE	₩.
Date of Inspection: $10 - 19$. Condition(s): Town, Committee or	D 1916 Inspected by: Committee or Board Conditions Attached? ☐ Yes ☐	No -(If No they need to be attached	Date of Re-Inspection:	
mact	use important	- Tron River to us	vised whether	
Signature of Inspector: Hold For Sanitary:	Hold For TBA: Ho	Hold For Affidavit: Hold For Fees:	O The Action of the Property o	



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County** APPINGATION FOR FERMIT Date Stamp (Recழி) 0 5 2016 の 多 発

Permit #: 16-038/

SNA :: Address of Prop INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 65480 TYPE OF PERMIT REQUESTED—▶ | X LAND USE □ SANITARY □ PR ا لــا Existing Structure: (if permit being applied for is relevant to lt) X Non-Shoreland Proposed Construction: X, donated time & of Completion Value at Time Municipal Use Shoreland 30,000 2/0/2 PROJECT LOCATION Owner(s): FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

1 (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Commercial USA1 Residential Use material Proposed Use 77 include Rec'd for Issuan Section Secretarial Sta 1/4, 11,5° 8 Person Sig ☐ Addition/Alteration 3 New Construction $\hfill\square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream (incl. in Creek or Landward side of Floodplain? If yes—contin Relocate (existing | Property Conversion , Township σ Builder Sown 527) <u>1</u> Project < \Box 6 CrSOM Other: (explain) Special Use: (explain)
Conditional Use: (explain) Residence Principal Structure (first structure on property) Addition/Alteration Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, Accessory Building Addition/Alteration (specify) Accessory Building N, Range and/or basement (i.e. cabin, hunting shack, etc.) X 1-Story with a Porch with (2nd) Porch with Attached Garage with (2nd) Deck with a Deck with Loft Basement No Basement 1-Story + Loft 2-Story # of Stories Foundation 12 (explain) (In (specify) 450 Bear Ave 8/7-13 50 Agent Phone: Trankfuer, 817-2034 6173 I ran 6-000 Contractor Phone City/State/Zip: ٤ 2 If yes---continue \square sleeping quarters, or \square cooking & food prep facilities) Proposed Structure Length: Length: continue -> Year Round Seasonal PRIVY Iron River Vol & Page Use Town of: ε S 6173 Iron bakekd, Agent Mailing Addr Plumber: CONDITIONAL USE Distance Structure is from Shoreline : Distance Structure is from Shoreline : Da/c bedrooms 54847 DUM None Lot(s) No. <u>,</u> ## Vodanais 36925 City/State/Zip: Width: width: ess (inc OGORG. Sanitary (Exists) S Prîvy (Pit) or Municipal/City (New) Sanitary Block(s) No. None Portable (w/service contract) **Compost Toilet** ude City/State/Indigy7 Hoights. SPECIAL USE Sewer/Sanitary System Is on the property? Recorded Documer
Volume 80 What Type of Lot Size Specify Type: Mocwo Specify Type 2 N.E. Q **Dimensions** Is Property in Floodplain Zone? ω SC. \times \times × \times ⊠ ⊔ No Ö Height: Height: t: (i.e. Property Dymership) Cell Phone: 651 207-7044 Plumber Phone: Telephone Written Authorization Page(s) OTHER 1627 -1 Are Wetlands 324 Footage Square Present? XYes □ **Z** X WeⅡ Water

Authorized Agent: are Multiple send permit_ (It you 2 signing on be John Son of the owner(s) a Owners must sign or letter(s) of authorization of authorization must accompany the Box 96, Flon K must accompany this application) ny this application) Attach
Copy of Tax Statement the property send your Recorded Deed Date

Co Hold For Sanitary: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Signature of Inspector: Granted by Variance (B.O.A.) Permit Denied (Date): Issuance Information (County Use Only) Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner Setback to **Drain Field** Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the **East** Lot Line Setback from Inspection Record: 🥱 🗽 Setback from the North Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming etback to Septic Tank or Holding Tank Was Parcel Legally Created
Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) Build (1) (2) (3) (5) (6) (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show Location of: Show / Indicate: Show any (*): Show any (*): Show: Centerline of Platted Road Show Location of (*): + frommand + Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Description Draw or Sketch your Property (regardless of what you are applying for) pressed 47 +10-Shall Hold For TBA: 3 XYes No No. III es □ No a L Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% となる This? 3 Inspected by Sanitary Number: 389506 12 T Reason for Denial: Permit Date +005 2005 Measurement 9 □ Yes Hold For Affidavit: restrea M No-(If No they need to be attached.) Feet setback Feet Feet Feet Feet Feet Feet N S S 10 ho 0/-/6 18/18/4 Mitigation Required Mitigation Attached Previously Granted by Variance

Yes A No 20% Slope Area on prop Flevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed Setback from Wetland 20% Slope Area on property Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback to Well Setback from the Lake (ordinary high-water mark) dary line from which the setback must be meas 245 Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Hold For Fees: □ Yes Description N N 3 JOM & ured must be visible fror case Affidavit Required Affidavit Attached Date of Re-Inspection: Yes Lakes Classification Zoning District Sanitary Date: tation Date of Approval Blas O Measurement □ Yes F Feet 8 8 8 Feet Feet Feet
